

ORIGINAL

CLERK OF DISTRICT COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION
FILED
2019 MAY -2 AM 10:22
DEPUTY CLERK *[Signature]*

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

ERIC C. DARDEN, as Administrator of the
Estate of Jermaine Darden,
Plaintiff,

v.

THE CITY OF FORT WORTH, TEXAS, et al.,
Defendants.

§
§
§
§
§
§
§

CIVIL ACTION NO. 4:15-CV-221-A

**DEFENDANTS'¹ EMERGENCY MOTION TO
ADD INADVERTENTLY OMITTED EXHIBIT
AND BRIEF IN SUPPORT THEREOF**

TO THE HONORABLE JUDGE OF SAID COURT:

Defendants herein file this their Emergency Motion to Add Inadvertently Omitted Exhibit, and would respectfully show unto the Court as follows:

Defendants, W.F. Snow and J. Romero, move to add to the trial exhibits a single, critical exhibit, the Autopsy Report of Jermaine Darden, attached hereto as Exhibit "A," which is an exhibit that was an agreed exhibit, in fact it was Exhibit No. 1, when the parties filed their exhibit list the first time they were preparing for trial in this case. See ECF No. 103. This time, however, plaintiff's counsel removed the exhibit from the agreed list, and, in the midst of a long, at times confusing, at times contentious, and taxing joint session, defense counsel, having long considered the autopsy report as being an agreed exhibit, inadvertently failed to realize it was no longer part of the documents and to add it back in as one of their exhibits. Defendants, therefore, respectfully request

¹ Counsel for defendant Romero states he wishes to join this motion but is unavailable to add his signature until tomorrow. Due to the nature and urgency of this motion, however, it is being submitted by defendant Snow's counsel only at this time.

the Court's permission to add the Autopsy Report to the set of exhibits and exhibit list, as what would become Exhibit No. 145, i.e., the last item under Defendant's Exhibits and the last exhibit overall.

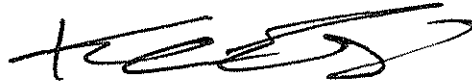
As soon as this error was discovered, yesterday evening, defense counsel immediately contacted counsel for plaintiff. Mr. Lee Thomas spoke with plaintiff's counsel, Daryl Washington by phone, and Mr. Washington was not willing to agree to the relief requested herein but indicated he wished to discuss it with his co-counsel. This morning at approximately 9 a.m., the undersigned counsel for defendant Snow called Mr. Washington's office and was given voice mail and left a message, followed by an email to all plaintiff's counsel. In response, Mr. Washington replied that he also noticed an exhibit concerning some specific FWPD general orders that was taken out of defendants' list and he failed to add as a plaintiff's exhibit. Mr. Washington stated he would be unavailable after 10 a.m. The undersigned immediately emailed Mr. Washington back asking for a copy of the exhibit as the undersigned is honestly not sure what exhibit he is referencing. Mr. Washington did not forward the desired exhibit but said defense counsel should know what he is referencing. The undersigned still does not understand exactly what item (or perhaps portions of an item) counsel is referencing, but to the extent such an item was omitted as described, and defense counsel do not doubt that could have happened, defense counsel would not object to plaintiffs submitting that item as an additional exhibit as well. But due to the critical nature of the attached exhibit and defendant's belief that this is an urgent matter to bring to the Court's attention, this motion is being filed at this time as at least not yet unopposed.

Because this request is made only a few days after the parties submitted their exhibit list and still more than a month in advance of trial, and it involves an exhibit that is of no surprise to plaintiff

(and, in fact, was previously agreed by plaintiff), granting this motion to add the exhibit should cause no delay and should cause no prejudice to plaintiff. Defendants would, of course, expect the Court to provide plaintiff an opportunity to submit whatever objections he may have to the exhibit. Defense counsel sincerely apologizes for this mistake, and respectfully requests the Court grant this motion in the interest of justice.

WHEREFORE, PREMISES CONSIDERED, Defendants pray that the Court allow the inclusion of the attached Autopsy Report of Jermaine Darden as a defense exhibit.

Respectfully submitted,

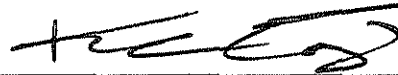


Kenneth E. East
State Bar No. 00790622
The Law Office of Kenneth E. East
9001 Airport Freeway, Suite 675
North Richland Hills, Texas 76180
(817) 788-1111
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ken@fostereast.com

ATTORNEY FOR DEFENDANT
W.F. SNOW

CERTIFICATE OF CONFERENCE

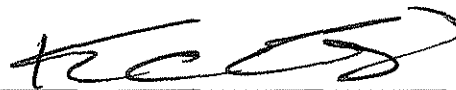
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Kenneth E. East

CERTIFICATE OF SERVICE

I hereby certify that on May 2, 2019, I served a copy of this document on all parties or their counsel of record.



Kenneth E. East



Office of Chief Medical Examiner
Tarrant County Medical Examiner's District
Tarrant County, Texas
200 Felix Gwozdz Place, Fort Worth, Texas 76104-4919
(817) 920-5700 FAX (817) 920-5713

AUTOPSY REPORT

Name: Jermaine N. Darden
Approximate Age: 34 Years
Height: 68 Inches

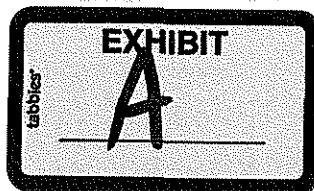
CASE NO: 1306402
Sex: Male
Weight: 340 Pounds

I hereby certify that on the 17th day of May 2013, beginning at 1111 hours, I, Lloyd White, M.D., Ph.D., pursuant to Statute 49.25 of Texas Criminal Code, performed a complete autopsy on the body of Jermaine N. Darden at the Tarrant County Medical Examiner's District Morgue in Fort Worth, Texas and upon investigation of the essential facts concerning the circumstances of the death and history of the case as known to me, I am of the opinion that the findings, cause and manner of death are as follows:


FINDINGS:

I) Investigative findings:

- A. Subject engaged in physical struggle with police after failing to comply with instructions during search warrant.
- B. Taser deployed x 2 for 5-second duration each, on 5/16/2013 at 16:14:51 and 16:15:07. Device report for Model #TASER_ECD_x2, Serial #X29000FPP was reviewed.
- C. Video of incident reviewed at Critical Case Review on 8/21/2013 that showed physical struggle during which subject was tased x 2 and continued to struggle with police. He was subsequently handcuffed while in a prone position and was then placed into a seated position with his hands behind his back. At this point, he was noted to be alert and breathing on the video.
- D. At this point, it was reported to TCME investigators that the subject stated that he had asthma and was experiencing shortness of breath. He subsequently became unresponsive and resuscitative efforts were initiated.
- E. The subject arrived in the emergency department at 1701; the code started at 1707, ending at 1709 when he was pronounced dead. Narcan and Epinephrine were administered.
- F. Hospital notes indicated that the subject became unresponsive during the second Taser deployment; however, review of the videotaped incident does not support this statement.



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Jermaine N. Darden

II) Autopsy findings:

A. Hypertensive atherosclerotic cardiovascular disease

- 1) Focally severe atherosclerosis with 90% stenosis of left anterior descending coronary artery
- 2) Concentric left ventricular hypertrophy (2.8 cm); borderline right ventricular hypertrophy
- 3) Cardiac weight 477 gms (expected 479 +/-60 gms for weight, 316 (upper limit 446) gms for height)

B. Pulmonary congestion and edema, patchy; no acute or chronic asthmatic changes; focal early acute pneumonia; hemosiderin-laden macrophages

C. Hepatic steatosis, marked, with mild portal chronic inflammation

D. Brain with perivascular hemosiderin deposition

E. Diffuse chronic thyroiditis

F. Superficial contusion of right forehead; abrasions (2) of back

III) Toxicology: Positive for XLR-11 (synthetic cannabinoid) in aortic blood; negative for ethanol or other drugs

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CAUSE OF DEATH:

- I) **SUDDEN CARDIAC DEATH ASSOCIATED WITH HYPERTENSIVE ATHEROSCLEROTIC CARDIOVASCULAR DISEASE AND APPLICATION OF RESTRAINT**
- II) **OBESITY, HEPATIC STEATOSIS; CHRONIC THYROIDITIS**

MANNER OF DEATH: NATURAL

COMMENT: This case was presented at Critical Case Review on 8/21/2013 and 8/28/2013, and a consensus opinion was obtained regarding cause and manner of death. Available information regarding the incident was reviewed, along with autopsy findings and video of the incident itself. Autopsy findings are significant for an obese male with severe cardiovascular disease, chronic thyroiditis, and hepatic steatosis. There is no significant injury of the head or torso, and no injury of the anterior neck identified. Toxicology examination reveals the presence of a synthetic cannabinoid in the blood, XLR-11. Review of video of the incident reveals that there was a struggle with police when the subject was noncompliant with instructions, during which he was tased twice and held in a prone position on the ground while being handcuffed. Following this, he was placed in a seated position; at this time, he was awake; however, subsequently became unresponsive. There was no direct contribution of Taser deployment in his death. The significance of the synthetic cannabinoid is uncertain; however, as a group they are potentially cardiotoxic, particularly in the presence of significant underlying heart disease.


Signature

Tasha Z. Greenberg, M.D.
Deputy Medical Examiner

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A complete autopsy is carried out at the Tarrant County Medical Examiner's Morgue.

GROSS ANATOMIC DESCRIPTION

I. CLOTHING AND PERSONAL EFFECTS: The body is received in the autopsy room in a white vinyl remains removal pouch, and is dressed only in green boxer shorts. There is no jewelry.

II. THERAPEUTIC INTERVENTION: Evidence of medical treatment includes an oral endotracheal tube, and a left tibial needle.

III. EXTERNAL BODY DESCRIPTION:

The body is presumptively identified by ankle band and is that of an obese, dark brown complexioned, conventionally black man, 68 inches in stature, weighing 340 pounds, and appearing the stated age of 34 years. Rigor is complete but livor is not visible due to the dark complexion. Up to 1/8 inch in length, scalp hair is black and tightly curly (male pattern baldness is present) with a 1/8 inch in length mustache and 1/4 inch beard. Irides are brown, pupils are 4 mm in diameter and equal, and teeth are natural and in good condition. External ears and ear canals are normal, nares are patent, and the nasal septum is intact. Both earlobes are pierced. There are no fractures, amputations, or congenital malformations of upper or lower extremities. External genitalia are those of a normally developed man. There is an irregular, 1/2-inch contusion of the upper right forehead, there is a round, 3/16 inch diameter superficial abrasion of the left posterior chest just below the scapula, and there is a similar circular 3/16 inch abrasion in the midline over the lower thoracic spine. Thorough examination of the body surface, including the back, reveals no additional evidence of injury.

There is a 2 inch midsagittal linear scar over the lumbar spine, there are numerous irregular, no more than 1/4 inch scars over the anterior surfaces of both legs, there are a few similar circular scars on the anterior abdomen and medial bilateral thighs, and there is a single, round 1/4 inch scar near the center of the dorsal surface of the left hand. Around the right arm and forearm, there is a complex tattoo design, which includes birds, dollar signs, bundles of paper money, the face of a pig, and illegible lettering. Around the left arm and forearm,

there is a complex tattoo design, which includes flames, a star, "Texas Made", "OUTLAW 38", and "Dashawn Daylin 1996, 1999".

IV. INTERNAL EXAMINATION:

BODY WALL AND SEROUS CAVITIES:

The neck, chest, and abdomen are opened by means of a standard Y-shaped incision. Viscera are examined *in situ* then removed for dissection according to the method of Virchow. Thoracic and abdominal walls are intact and normally developed, with a 2-1/2 inch anterior abdominal *panniculus adiposus*. Normally distributed subcutaneous fat tissue is moist and bright yellow. Pleural, pericardial, and peritoneal cavities are lined by smooth, blue-purple membranes without adhesions, and all contain normal quantities of transparent, pale yellow serous fluid. Soft tissues of the mediastinum, retroperitoneum, omentum, and mesenteries are grossly normal. No hemorrhage or other signs of injury are present.

NECK ORGANS

Bones and cartilages of the larynx and cervical spine are intact, as is the hyoid bone, on palpation and direct gross visualization. On dissection of the soft tissues of the neck, no hemorrhage, or other gross evidence of injury or natural disease are demonstrated.

CARDIOVASCULAR SYSTEM

The heart weighs 447 gms and the epicardium and endocardium are grossly normal. There is greater than 90% stenosis of the proximal anterior intraventricular artery, with no more than 10% stenosis of the circumflex and right coronary arteries by soft atheromatous plaque. Left and right ventricular walls are symmetrically hypertrophied, the left 2.8 cm in thickness and the right 0.5 cm. Cut surfaces of the myocardium are everywhere uniform and dark brown, without scars or other grossly discrete lesions. Valve cusps are soft and pliable, with minimal atheromatous changes and no anatomical stenosis or insufficiency. There are mild depositions of atheromatous plaque without calcification on the aortic intima, and ostia of major branches are widely patent. The great veins are normal throughout.

RESPIRATORY TRACT

The left lung weighs 521 gms and the right 764 gms. Airways are patent; containing no foreign objects or material, and the mucosa is covered by abundant, somewhat frothy, pale gray mucus. Both lungs are firm, non-crepitant, and somewhat boggy in consistency, with smooth, shiny dark blue-purple external surfaces, and moist dark red-purple cut surfaces, which ooze frothy, thin dark gray or red-purple fluid on sectioning. Anthracosis is moderate. Wide dissection of the parenchyma reveals no cysts, masses, granulomas, or other grossly discrete lesions of natural disease.

GASTROINTESTINAL TRACT

The gastric lumen contains approximately four, no more than 1 inch in dimension, pieces of partly digested meat. The mucosa and wall of the esophagus and stomach are normal in appearance. External examination of the small bowel and colon reveals no hemorrhage, masses, or other evidence of injury or natural disease, and the vermiform appendix is grossly normal.

MAJOR DIGESTIVE ORGANS

The pancreas is soft and uniformly pale brown, dissection revealing no masses, hemorrhage, or other grossly discrete abnormalities.

The liver weighs 3289 gms, with a blue-purple capsule, and a uniform dark brown cut surface. Wide dissection reveals no cysts, masses, or other grossly discrete lesions of natural disease, and the parenchyma is normal in consistency. The gallbladder contains an estimated 10 mL of dark yellow-green bile without stones, and the extrahepatic biliary tract is patent and grossly normal.

LYMPHORETICULAR SYSTEM

The spleen weighs 179 gms, with a dark blue-purple capsule and a firm, uniformly dark red-purple cut surface without scars, infarcts, or other grossly discrete abnormalities of natural disease. There is no lymphadenopathy, and spinal bone marrow is normal in appearance. The thymus is involuted.

ENDOCRINE ORGANS

The pituitary, thyroid, parathyroids, and suprarenals are grossly normal.

URINARY TRACT

The left kidney weighs 229 gms and the right 211 gms. Capsules strip easily to reveal smooth, brown external surfaces. Cut surface architecture is normal, there being no cysts, masses, or other grossly discrete pathologic lesions. Pelves and ureters are patent and normal in appearance. The urinary bladder contains an estimated 5 mL of pale yellow, transparent urine, and the mucosa and wall are grossly normal.

REPRODUCTIVE ORGANS

Both testes are palpable in the scrotum, without masses, injury, or deformity and the prostate and seminal vesicles are grossly unremarkable for a man of this age.

CRANIUM AND CENTRAL NERVOUS SYSTEM

A craniotomy and removal of the brain are carried out through a coronal mastoid-to-mastoid incision of the scalp, reflection of which reveals a right frontal contusion, which has been previously noted. The calvarium is intact and normal in configuration. The dura is normal in appearance and the leptomeninges are transparent and grossly normal. There are no abnormalities of vessels at the base of the brain. The brain weighs 1403 gms, with a normal gyral pattern. Multiple transverse sections of brainstem and cerebellum, together with coronal sections of the cerebral hemispheres, reveal no cysts, masses, hemorrhage, or other gross evidence of injury or natural disease. On stripping of the dura, the base of the skull is intact and normal in configuration.

The spinal cord is not examined.

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SPECIMENS AND EVIDENCE COLLECTED

1. 30 mL of aortic blood, 30 mL of femoral blood, 5 mL of urine, and 5 mL of vitreous humor for possible further examination
2. Representative tissue samples preserved in formalin for possible further examination
3. Two tissue cassettes for microscopic examination
4. One blood card
5. Representative photographs

EDC: 8/16/13

Dictated: 5/17/13

Transcribed: 5/20/13

Completed: 8/28/13

LW:caa

HISTOLOGY

HEART: Mildly hypertrophic myocytes, small vessel disease with medial hypertrophy, increased perivascular fibrosis. Coronary artery sections show 75-90% stenosis by atherosclerotic plaque.

LUNGS: Patchy edema, hemosiderin-laden macrophages in alveoli, congestion; no mucus plugging or eosinophilic infiltrate noted to suggest acute asthmatic changes; no significant muscular or glandular hypertrophy noted to suggest chronic asthmatic changes; small focus of acute neutrophilic infiltration in alveoli; occasional platelet thrombi.

LIVER: Diffuse, prominent centrilobular steatosis, primarily macrovesicular; minimal portal chronic inflammation with focal spillover.

THYROID: Diffuse lymphocytic infiltrate with fibrosis-forming nodules; no Hürthle cell proliferation.

BRAIN: Perivascular hemosiderin deposition.

KIDNEY: Autolysis, medullary congestion.

HILAR LYMPH NODE: Anthracosis.

Trachea, spleen, stomach, pancreas, colon, adrenal gland, skeletal muscle – no significant histopathologic change.

Office of Chief Medical Examiner

Tarrant, Denton and Parker Counties, Texas

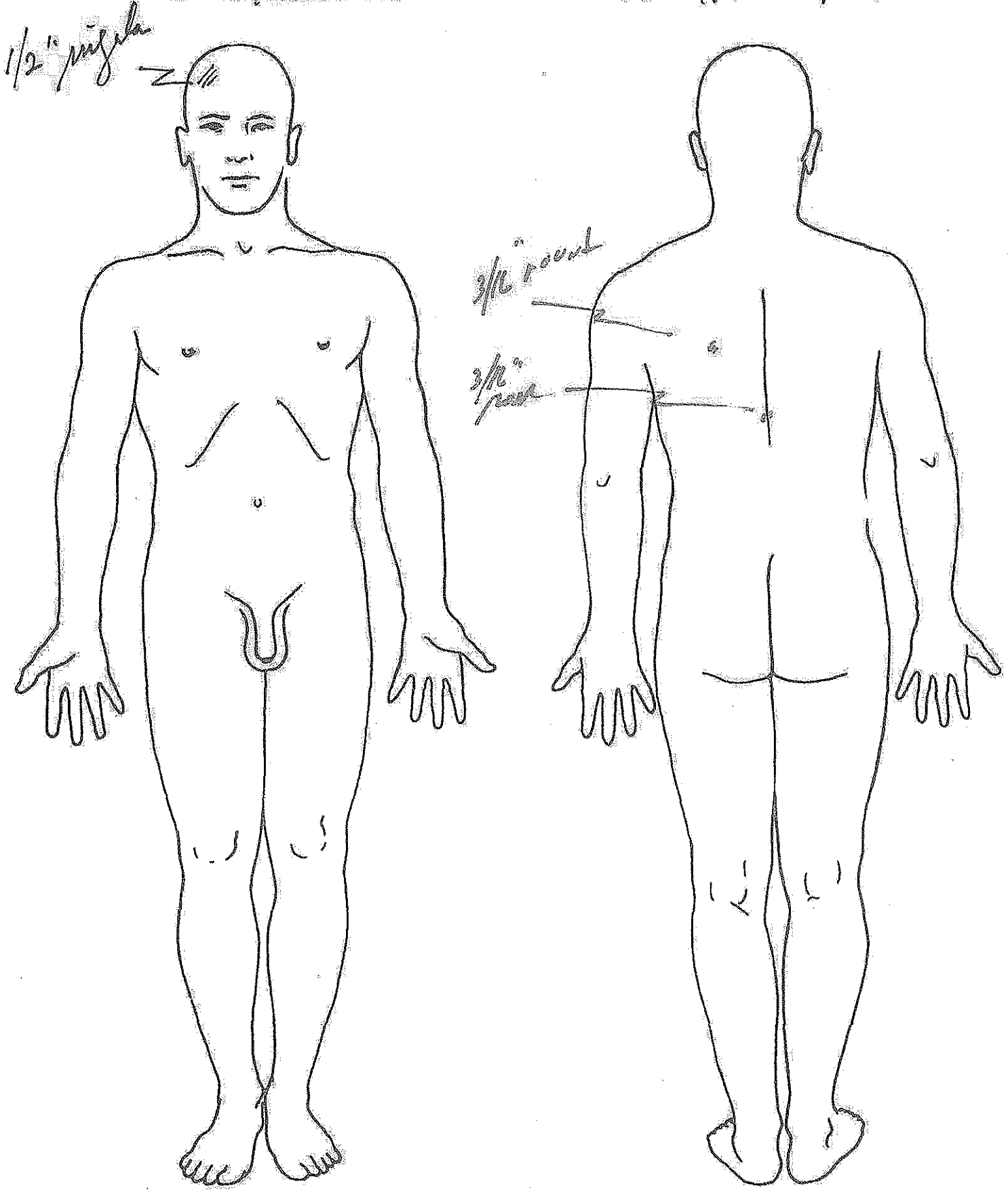
200 Feliks Gwozdz Place, Fort Worth, Texas 76104-4919 ♦ (817) 920-5700

Examiner:

RLW/ner-CAA

Autopsy No.

11306402



Toxicology Test Results

Office of Chief Medical Examiner
 Toxicology Laboratory Service
 200 Feliks Gwozdz Place
 Fort Worth, Texas 76104
 Name: **Jermaine N Darden**

Case Number: **1306402**
 Toxicology Work Number: **1301215**

Nizam Peerwani, M.D., DABFP
 Chief Medical Examiner
 Robert Johnson, PH.D., DABFT
 Chief Toxicologist
 Priority: **0**

Service Request Number: **003**

Specimen	Drug	Result	Drug Amount	Performed By
FEMORAL BLOOD	ETHANOL	NEGATIVE		J. HO
URINE	AMPHETAMINE ELISA	NEGATIVE		B. LANDRY
URINE	METHAMPHETAMINE ELISA	NEGATIVE		B. LANDRY
URINE	THC ELISA	NEGATIVE		B. LANDRY
URINE	OPIATES ELISA	NEGATIVE		B. LANDRY
URINE	COCAINE ELISA	NEGATIVE		B. LANDRY
URINE	BENZODIAZEPINES ELISA	NEGATIVE		B. LANDRY
URINE	OXYCODONE ELISA	NEGATIVE		B. LANDRY
URINE	ACID	NEGATIVE		T. FLOWERS
URINE	BASE	NEGATIVE		T. FLOWERS

Report Prepared By:

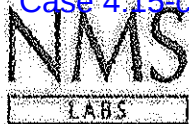
B. Landry

Approved By:

Robert Johnson

Approved Date:

6/5/13



NMS Labs

CONFIDENTIAL

3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437

Phone: (215) 657-4900 Fax: (215) 657-2972

e-mail: nms@mmslabs.com

Robert A. Middleberg, PhD, DABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 06/15/2013 19:00

To: 10147
Tarrant County Medical Examiner
Office of the Medical Examiner
200 Feliks Gwozdz Place
Fort Worth, TX 761044919

Patient Name DARDEN, JERMAINE N.

Patient ID ME# 1306402

Chain 11443345

Age 34 Y

Gender Male

Workorder 13139386

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Positive Findings:

<u>Compound</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
XLR-11	Positive	ng/mL	Aortic Blood

See Detailed Findings section for additional information

Testing Requested:

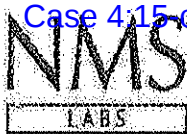
<u>Analysis Code</u>	<u>Description</u>
9560B	Synthetic Cannabinoids Screen, Blood (Forensic)

Specimens Received:

<u>ID</u>	<u>Tube/Container</u>	<u>Volume/ Mass</u>	<u>Collection Date/Time</u>	<u>Matrix Source</u>	<u>Miscellaneous Information</u>
001	Red Vial	3.25 mL	05/17/2013 11:11	Aortic Blood	

All sample volumes/weights are approximations.

Specimens received on 05/31/2013.



Chain 11443345
Patient ID ME# 1306402

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Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
XLR-11	Positive	ng/mL	0.10	001 - Aortic Blood	LC-MS/MS

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. XLR-11 (K2; Space; Spice; Spike; Synthetic Cannabinoids; Yucatan Fire) - Aortic Blood:

XLR-11, a synthetic cannabinoid, has been identified in products sold as 'herbal incense'. These products are sold under a wide variety of names including (but not limited to) Spice, Yucatan Fire, Smoke, Sence, K2, Skunk, Space, K2 Citron, and K2 Blonde. These products may be used as an alternative to cannabis. No information is available on the metabolism of XLR-11 or expected blood, serum or plasma concentrations following use.

Testing for this analyte was qualitative only. Quantitative analysis is available upon request; please contact the laboratory for more information.

Chain of custody documentation has been maintained for the analyses performed by NMS Labs.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report, and generated data will be discarded five (5) years from the date the analyses were performed.

Analysis Summary and Reporting Limits:

Acocde 5960B - Synthetic Cannabinoids Confirmation, Blood (Forensic) - Aortic Blood

-Analysis by High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
A-796260	0.10 ng/mL	JWH-081	0.10 ng/mL
AM-1248	0.10 ng/mL	JWH-122	0.10 ng/mL
AM-2201	0.10 ng/mL	JWH-200	0.10 ng/mL
AM-2233	0.10 ng/mL	JWH-203	0.10 ng/mL
AM-694	0.10 ng/mL	JWH-210	0.10 ng/mL
JWH-018	0.10 ng/mL	JWH-250	0.10 ng/mL
JWH-018 5-chloropentyl	0.10 ng/mL	RCS-4	0.10 ng/mL
JWH-019	0.10 ng/mL	RCS-8	0.10 ng/mL
JWH-022	0.10 ng/mL	UR-144	0.20 ng/mL
JWH-073	0.10 ng/mL	XLR-11	0.10 ng/mL

Acocde 9560B - Synthetic Cannabinoids Screen, Blood (Forensic) - Aortic Blood

-Analysis by High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
A-796260	0.20 ng/mL	JWH-019	0.10 ng/mL
AM-1248	0.20 ng/mL	JWH-022	0.10 ng/mL
AM-2201	0.10 ng/mL	JWH-073	0.10 ng/mL
AM-2233	0.20 ng/mL	JWH-081	0.10 ng/mL
AM-694	0.10 ng/mL	JWH-122	0.20 ng/mL
JWH-018	0.10 ng/mL	JWH-200	0.20 ng/mL
JWH-018 5-chloropentyl	0.10 ng/mL	JWH-203	0.20 ng/mL



Work Order 15139
Chain 11443345
Patient ID ME# 1306402

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Analysis Summary and Reporting Limits:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
JWH-210	0.10 ng/mL	RCS-8	0.10 ng/mL
JWH-250	0.10 ng/mL	UR-144	0.10 ng/mL
RCS-4	0.10 ng/mL	XLR-11	0.20 ng/mL

**TARRANT COUNTY MEDICAL EXAMINER'S DISTRICT
SERVING TARRANT, PARKER, & DENTON COUNTIES
Investigator's Report**

CASE #: 1306402 Tarrant TYPE: Jurisdiction: IDENTITY: Identified

NIZAM PEERWANI, M.D. MICHAEL FLOYD
CHIEF MEDICAL EXAMINER CHIEF FORENSIC DEATH INVESTIGATOR

DECEASED: Jermaine N Darden

ADDRESS: 3232 Thannisch Ave., Fort Worth, Texas 76105

AGE: 34

BIRTH DATE: 7/24/1978

MARITAL STATUS: Married

PHONE:

RACE OR COLOR: Black

SEX: M

HEIGHT:

WEIGHT:

SSN:

MANNER OF DRESS: Boxers

OCCUPATION:

PLACE OF EMPLOYMENT:

DATE OF DEATH: 5/16/2013

TIME OF DEATH: 17:06

PLACE OF DEATH DESCRIPTION: Hospital ER

ADDRESS OF DEATH: 1575 South Main Street, Fort Worth, Texas 76104

HOSPITALIZED: Yes

ADMIT DATE: 5/16/2013

ADMIT TIME: 17:06

ENVIRONMENT CONDITION: indoors

CHARACTERISTIC OF PREMISES: Private residence

DATE/TIME M.E. NOTIFIED: 5/16/2013 17:22

ARRIVED:

REPORTING PERSON: Janet Rogers, RN

REPORTING AGENCY: John Peter Smith Hospital

ADDRESS: 1575 South Main Street, Fort Worth, Texas 76104

PHONE: (817)702-8417

PRONOUNCED DEAD BY: Dr. Janet Rogers

PRONOUNCING AGENCY: John Peter Smith Hospital

LAST TREATED BY:

DATE/TIME OF OCCURENCE: 5/16/2013 16:30

INJURY AT WORK: NO

PLACE OF OCCURENCE: Private residence

LOCATION: 3232 Thannisch Ave., Fort Worth, Texas 76105

TRAUMA RELATED: Yes

IDENTIFIED BY: Kyle Finney

IDENTIFICATION TYPE: Visual

DATE/TIME OF IDENTIFICATION: 5/16/2013 Time: 21:45

IDENTIFICATION STATUS: Positive ID

COMMENTS:

ADDRESS:

PHONE:

NEXT OF KIN NOTIFICATION DATE/TIME: 5/16/2013 21:45

NOTIFIED BY: FDI Kyle Finney

NOTIFYING AGENCY: TCME

NEXT OF KIN NAME: Donneika Goodacre

RELATIONSHIP: Wife

COMMENTS:

ADDRESS: , Fort Worth, 76105 Texas

PHONE: (682)365-7263

BODY TO:

CONVEYANCE: Accucare

FUNERAL HOME:

5/17/2013

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**TARRANT COUNTY MEDICAL EXAMINER'S DISTRICT
SERVING TARRANT, PARKER, & DENTON COUNTIES**

INVESTIGATOR'S REPORT

NIZAM PEERWANI, M.D.
CHIEF MEDICAL EXAMINER
Case Number: 1306402

MICHAEL FLOYD
CHIEF FORENSIC DEATH INVESTIGATOR
Case Type: Jurisdiction

DECEDENT'S NAME: Jermaine N Darden AGE: 34
ADDRESS: 3232 Thannisch Ave, Fort Worth, Texas 76105
BIRTH DATE: 7/24/1978 MARITAL STATUS: Married PHONE:

CASE NO. 1306402 Tarrant

The decedent is a 34-year-old black male who became unresponsive after being tasered twice by the Fort Worth Police Department. Fort Worth Police Detective Roloff advises that their agency deployed an X2 taser twice on the decedent when he became physically non-compliant to their instructions while serving a narcotics search warrant.

Total # of photos: 0

DESCRIPTION OF BODY:

The body was viewed at the TCME. The decedent presents as a black male, clad in boxer shorts and is cool to the touch, rigor mortis is developing, lividity could not be observed and there was evidence of invasive medical intervention. There were two small defects observed on the middle of the decedents back.

MEDICAL HISTORY:

The decedent's brother advises that the decedent has a history of hypertension. Detective Roloff advises the decedent stated that he had asthma after being tasered the second time and that he was experiencing labored breathing. Melissa of the John Peter Smith Hospital states that there was no admit fluid drawn upon admission and that Epinephrine and Narcan was administered to the decedent while CPR was being administered. Medical records from John Peter Smith Hospital were sent with the decedent and included with the case file.

DETAILS OF INCIDENT:

Micki Hayden, RN of the John Peter Smith Hospital reported that on 5/16/2013 at approximately 1706 hours the decedent was admitted to their emergency room with CPR in progress after allegedly being tasered by the Fort Worth Police Department while serving a narcotics warrant and that the decedent was pronounced at 1709 hours.

Detective Roloff of the Fort Worth Police Department advises that on 5/16/2013 at approximately 1600 hours their department executed a narcotics search warrant at a residence. The decedent was ordered to the ground inside the residence by officers, to which he initially complied. Roloff advises that an officer who weighs approximately 140 lbs. attempted to handcuff the decedent, the decedent became physically non-compliant and stood up with the officer on the decedent's back. Roloff says that a second officer attempted to assist but the decedent continued to walk towards an adjacent room, while struggling with the officers. Roloff states that an officer deployed a Taser Model X2 on the decedent for a five second cycle. The decedent initially began to comply with the officers instructions but stood up again and continued to walk into an adjacent room. A second five second cycle was deployed and the decedent went to the ground and was handcuffed. Roloff states that the

Case No. 1306402 Tarrant County Medical Examiner's Office

decedent was still conscious and complained that he had asthma and began to have labored breathing and the decedent then became unresponsive. EMS services were called to the scene and transported the decedent to John Peter Smith Hospital where he was pronounced.

This investigator spoke with the decedent's mother, Donna Randle, who advises that she was on scene at the residence and positively identified the decedent.

This investigator spoke with the decedent's mother and advised her of TCME protocols.

Instrument Causing Injury:

Taser

Model

X2

ORGAN TISSUE DONOR:

There is no signed consent form to allow harvesting of organs or tissue.

FOLLOW UP INVESTIGATIONS REQUIRED

No follow-up investigation is needed at this time.

COMMENTS:

There was no property to be removed from the decedent.

Kyle P. Finney



**TARRANT COUNTY MEDICAL EXAMINER'S DISTRICT
SERVING TARRANT, PARKER, & DENTON COUNTIES**
Investigator's Report

CASE #: 1306402

Tarrant

TYPE: Jurisdiction

IDENTITY: Identified

NIZAM PEERWANI, M.D.
CHIEF MEDICAL EXAMINER

MICHAEL FLOYD
CHIEF FORENSIC DEATH INVESTIGATOR

NAME OF RELEASING AUTHORITY:

RELATIONSHIP:

DISPOSITION OF PROPERTY:

MEDICAL INVESTIGATOR:
Kyle Finney